

CITY OF ROCKVILLE
Department of Recreation and Parks

October 17, 2011

MEMORANDUM

TO: All Interested Women's Volleyball Teams

FROM: Lisa Splaine, Sports Supervisor, 240-314-8654

SUBJECT: 2012 -Winter Women's Volleyball Program

The Winter Women's Volleyball League is scheduled to begin on Thursday, January 5, 2012. Please review the following information. If you have any questions please feel free to call.

A Thursday Night league was offered in the Fall, and some of the teams currently participating registered for the Winter program at that time. Teams currently playing in the fall league who did not register for the combined seasons will be given a opportunity to continue in the Thursday league. They must register by November 7 to remain in the current league.

*Teams will play a 9-week game/season based on a round-robin schedule. The post-season tournament will involve the top four teams in a single elimination tournament. The League is tentatively scheduled to be played at Broome School. Game times will vary from **6:30 p.m.-9:30 p.m.** Teams will play 3 games of rally scoring 4-25 matches. It should be noted that Rockville leagues are not officiated.*

The league is open to women 18 years or older and out of high school.

*Each team must roster a minimum of 8 players and can roster no more than 15.
The team franchise is \$275. The Final roster is due on or before 3rd scheduled game.*

Teams:

In-person registration is encouraged by a team representative (at the address below) Subject to prior approval from the Sport Programs Supervisor, team entry forms with credit card information may be faxed to 240-314-8659. We **cannot** take credit cards information over the phone.

Registration:

Team registrations will be accepted on a first come, first paid basis until league is closed. **PLEASE REGISTER NOW !!! November 7-8th or until leagues are filled or closed.**

Address:

Rockville City Hall, Department of Recreation and Parks, Adult Sports, 111 Maryland Ave., Rockville, MD 20850

Office Hours:

Monday through Friday, 8:30 a.m. - 4:30 p.m. (Closed weekends and holidays)

Note: The League Director reserves the right to amend the structure and/or format of the league if circumstances warrant such action.

For Office Use Only
Act/ # _____

Amt. Rec. _____
Division _____

CITY OF ROCKVILLE
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SPORTS DIVISION

WOMEN'S VOLLEYBALL TEAM ENTRY FORM

YEAR: Winter, 2012

Activity # _____

TEAM NAME _____

MANAGER'S NAME _____ PHONE (H) _____

STREET ADDRESS _____ (W) _____

CITY AND STATE _____ -ZIP CODE _____

ASST. MANAGER'S NAME _____

PHONE (H) _____ (W) _____

NOTE LEAGUE PLAYED _____
(List only if other than Rockville)

TEAM NAME _____

TEAM RECORD: (WON) _____ (LOST) _____

Please list your choice: Upper Division _____ Lower Division _____

(Visa/MasterCard only) Credit Card# _____ Exp. Date _____

Card Holder: Name _____ Signature _____